



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
1600 EAST LAMAR BOULEVARD  
ARLINGTON, TEXAS 76011-4511

August 19, 2025

Khalil Dia, Site Vice President  
Nebraska Public Power District  
Cooper Nuclear Station  
72676 648A Avenue  
P.O. Box 98  
Brownville, NE 68321

SUBJECT: COOPER NUCLEAR STATION - LICENSED OPERATOR POSITIVE FITNESS-  
FOR-DUTY TEST

Dear Mr. Dia:

On August 18, 2025, in accordance with 10 CFR 26.719, your facility reported that an NRC-licensed operator tested positive following a follow-up fitness-for-duty test administered on August 13, 2025 (Event Report 57873). Although we have obtained preliminary information, this letter is a formal request for information pertaining to this occurrence. Within 30 days of the date of this letter, please provide a response to the questions listed in the enclosure. In addition, please provide other records and information on this operator's fitness-for-duty that are relevant to this occurrence. If you are unable to meet this deadline, please notify us no later than 15 days from the date of this letter, with the reasons for the delay and a proposed date of submittal.

We request that any personal, proprietary, or Safeguards Information in your response be contained in a separate enclosure and appropriately marked. The affidavit required by 10 CFR 2.390(b) must accompany your response, where applicable.

You should determine whether the operator meets the requirements of 10 CFR 55.33(a)(1). You should ensure that: (1) the operator meets the general health requirements of ANSI/ANS-3.4-2013; (2) the operator does not have a disqualifying condition under Section 5.3 of that standard; and (3) documentation describing the designated physician's conclusion that the operator meets the requirements of ANSI/ANS-3.4-2013 is available for review by the NRC. If a conditional license is requested per 10 CFR 55.25, that condition should be documented on NRC Form 396, "Certification of Medical Examination by Facility Licensee," and sent to the U.S. Nuclear Regulatory Commission, ATTN: Regional Administrator, Region IV, 1600 East Lamar Blvd., Arlington, TX 76011-4511.

If you determine that the operator no longer meets the medical qualifications described in 10 CFR 55.33(a)(1), then, in accordance with 10 CFR 55.25, you must notify the NRC, in writing, of the operator's permanent incapacitation. For example, you must notify the NRC, if you determine based on your employee assistance program in consultation with your designated physician, that the operator can no longer meet the medical criteria of ANSI/ANS-3.4-2013. The NRC will evaluate the information in your response to this letter to determine if further action is warranted pursuant to 10 CFR Part 50 or Part 55. The information supplied will be maintained in NRC Privacy Systems of Records-16 and will be subject to the Privacy Act.

Please provide a copy of this letter, as well as your response to this letter, to the operator. If you are unwilling to provide this information to the operator for any reason, the NRC will provide the information to the operator when it is available as part of the operator's docket file.

If you have any questions concerning this matter, please contact Dr. Heather Gepford, Chief, Operations Branch, 817-200-1159. The requested information should be sent to Dr. Gepford's attention at NRC Region IV, 1600 East Lamar Blvd., Arlington, TX 76011-4511 or, preferably, via the Electronic Information Exchange - Part 55 (EIE - Operator Licensing) system under the operator's docket number. Your cooperation is appreciated.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's Agencywide Documents Access Management System (ADAMS). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

Sincerely,



Signed by Farina, Thomas  
on 08/19/25

Thomas J. Farina, Chief (Acting)  
Operations Branch  
Division of Operating Reactor Safety

Docket No. 50-298  
License No. DPR-46

Enclosure:  
Fitness-for-Duty Request for  
Additional Information

COOPER NUCLEAR STATION - LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST- DATED AUGUST 19, 2025

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DOCUMENT NAME: COOPER NUCLEAR STATION - LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST

ADAMS ACCESSION NUMBER: **ML25231A224**

SUNSI Review     
 ADAMS:     
  Non-Publicly Available     
  Non-Sensitive     
 Keyword: NRR-079  
 By: tjf     
 Yes   
 No     
 Publicly Available     
 Sensitive

OFFICE	BC:DORS/OB				
NAME	TFarina				
SIGNATURE	/RA/				
DATE	08/19/25				

OFFICIAL RECORD COPY

Licensed Operator Fitness-for-Duty  
Request for Additional Information

Cooper Nuclear Station is requested to provide the following information concerning the fitness-for-duty occurrence (10 CFR Part 26.719) reported on August 18, 2025, regarding the involved licensed operator:

1. Name, Docket Number, and responsibilities of the operator.
2. A summary of the operator's entire fitness-for-duty testing history. Please include the dates and times the operator was tested, the reasons for the tests (i.e., random, for-cause, or follow-up), the results of the tests, including quantification (both initial and confirmatory), and the dates that any tests were confirmed positive.
3. For the administered test(s) with a positive result, the type and accuracy of the given tests and reason(s) for any discrepancy in the tests.
4. Whether the operator used, sold, or possessed illegal drugs. If so, please provide the details of the circumstances surrounding such use, sale, or possession.
5. The extent to which you reviewed the operator's past work history, both on the day of the occurrence and prior to August 13, 2025.
6. Whether the operator was at the controls or supervising licensed activities while under the influence of illegal drugs or alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence.
7. Whether the operator fulfilled a position that was required to meet minimum licensed operating staffing requirements (fire brigade, emergency plan operations, etc.) while under the influence.
8. Whether the operator was involved in procedural or other errors related to this occurrence. If so, please provide the details of the procedural errors and the consequences of the errors.
9. Your intentions with regard to the operator's resumption of duties under the 10 CFR Part 50 and Part 55 licenses, including any plans for follow-up testing. Include an estimated timeline, if applicable, for any planned treatment, training, and requalification.

Enclosure